

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34895

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1006

City.....

No. 4318

Page 602

File No. 9072

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No. 4318 Page

St. 11

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED.

HUSBAND OF
(OR) WIFE OF

Veronica Chew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 17 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

75

9

2

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Editor Church

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Progress

10. Date deceased last worked at
this occupation (month and
year)

1930

11. Total time (years)
spent in this
occupation

30

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Pittsburgh Pa

FATHER

13. NAME

William Chew

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

England

MOTHER

15. MAIDEN NAME

Mary Singleton

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ireland

17. INFORMANT

(ADDRESS)

Mrs Veronica Chew
4318 Page Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Green Mount

DATE

9th Oct 23 1933

19. UNDERTAKER

(ADDRESS)

Dillon & Kelly
1416 N Taylor Ave

20. FILED

21 1933

J. Bredeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from

February 19, 1933, to Oct 19, 1933

I last saw him on Oct 19, 1933. Death is said

to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

94A

93C

117 Angina Pectoris

Date of onset

Feb 19
1933

Other contributory causes of importance:

Asthma
Chronic Myocarditis
None of operation
What test confirmed diagnosis? Stenosis. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

D. M. Gibson

M. D.

(Address) 4337 Washington Blvd.

4337 Washington
9 to 10 AM